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COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

to the

EDUCATION COMMITTEE

on the work of the

SCHOOL HEALTH SERVICE

for the year

1955

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
Principal School Medical Officer*

HEALTH DEPARTMENT, SANKEY STREET, WARRINGTON

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1955)

Chairman:

Alderman E. MARSHALL, M.B.E., J.P.

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. HARDING

Alderman H. MASSEY

Councillor W. G. CALDWELL, LL.B., J.P.

Councillor H. GRAY, J.P. (Mayor)

Councillor Mrs. M. HARDMAN, J.P.

Councillor Mrs. A. L. HINDLE

Councillor P. MARTIN, J.P.

Mr. J. PHOENIX, J.P.

Rev. J. A. CUNNINGHAM, O.S.B.

Rev. J. RUSSELL

Ex-Officio:

Alderman D. PLINSTON, J.P. (Chairman of the Education Committee)

Rev. E. DOWNHAM, B.A. (Deputy-Chairman of the Education Committee)

Chief Education Officer: H. M. PHILLIPSON, M.A.

STAFF

(As at 31st December, 1955)

Principal School Medical Officer:

ERIC H. MOORE, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer:

ALEXANDER GATHERER, M.B., Ch.B. (appointed 27.7.55)

School Medical Officers:

ANGELA MANNING, M.B., Ch.B. (appointed 14.3.55)

PATRICIA M. H. LEWIS, M.B., Ch.B. (appointed 1.11.55)

Principal School Dental Officer:

Post Vacant.

School Dental Officer:

Mrs. PHYLLIS E. LAWTON, L.D.S. (Manchester)

Educational Psychologist:

Mrs. C. M. RIVETT, B.A. (Lond.), M.A. (Manc.), Post graduate Certificate in Education (Lond.).

Superintendent of Health Visitors and School Nurses:

Miss A. N. AGAR, S.R.N., S.C.M., H.V.(Cert.).

Speech Therapist:

Miss MELBA E. M. LOWES, L.C.S.T.

Visiting Consultants:

Ophthalmic: SYDNEY B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S. (R.C.P. & S.)

Ear, Nose and Throat: Mr. WALTER E. HUNTER, M.A., M.R.C.S., L.R.C.P.

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC (Cairo Street)

Monday to Saturday 9-0 a.m. to 9-45 a.m.	Examination of cases referred by Teachers, Education Welfare Officers, School Nurses, etc.
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MINOR AILMENTS CLINIC (Cairo Street)

Monday to Saturday 9-0 a.m. to 9-45 a.m.	Treatment of contagious diseases of the skin, eyes, etc.
Saturday 10-0 a.m. to 12 noon	Vaccination and immunisation.

DENTAL CLINIC (Health Department, Sankey Street)

Monday to Saturday (by appointment)	Dental treatment (including orthodontic treatment)
Daily 9-30 a.m. to 10 a.m.	Emergency treatment.

EAR, NOSE AND THROAT CLINIC (Cairo Street)

Examinations:
Wednesday, 4-30 p.m.

Out-Patient treatment:
Daily (by appointment)

Operations are performed at the Warrington General Hospital on
Thursday mornings.

EDUCATIONAL PSYCHOLOGIST (Arpley Street)

Daily (by appointment)

CHIROPODY SERVICE

Cases seen by appointment

SPEECH THERAPY CLINIC (Holy Trinity School)

Daily (by appointment)

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PAEDIATRIC CLINIC (Warrington General Hospital)

Wednesday Afternoons
(by appointment)

ORTHOPAEDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 10-0 a.m.

Treatment:

Wednesday and Friday 9-30 a.m. to 11 a.m.	Treatment of postural and crippling defects, etc.
--	--

OPHTHALMIC CLINIC (Warrington General Hospital)

Monday, 2-0 p.m.	Examination and treatment of errors of refraction and squint.
Friday, 9-0 a.m. (by appointment)	

ORTHOPTIC CLINIC (Warrington General Hospital)

Monday to Friday 9-30 a.m. to 4-30 p.m.	Treatment of cases of squint.
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To the Chairman and Members of the Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report on the health of the schoolchildren of Warrington for the year 1955. The general state of health during the year was good, and there were no outbreaks of unusual illness. The clinical services were operated in the adapted schoolroom of Cairo Street Chapel, and considerable re-organisation of the services was possible. The school medical records are now maintained centrally instead of in individual schools and are available, at all times, to medical officers when conducting any form of medical examination at the clinic. While these temporary premises have marked a great advance, there is urgent need still for the provision of a new clinic. This need is most marked in the Dental Service, where accommodation restricts staffing to two Dental Officers, a staff that is quite inadequate to deal with the needs of the town.

The only real difficulty which arose during the year was with the Dental Service, owing to the illness and resignation of the Principal School Dental Officer. As a result, for most of the year, the Service worked with one Dentist. A new appointment to the senior post has been made, and it is hoped to expand the service in the coming year, when the new Officer takes up his appointment.

I would like to acknowledge the co-operation and assistance I have received from all members of the medical profession during the year. The relations between the School Health Service and the Education Department have always been most cordial, and I am deeply grateful to the Chief Education Officer for his assistance and support on all occasions. At all times, the Committee have been interested in developing the service and have given me unfailing support, which I would wish to acknowledge to the Chairman and all members of the Committee.

I have the honour to be,

Your obedient servant,

ERIC H. MOORE,

Principal School Medical Officer.

INTRODUCTION

STAFF

The following changes in the medical staff occurred during the year:

Resignations

Name	Post Held	Date
Dr. S. R. Warren	Deputy Principal School Medical Officer	31.5.55
Dr. Margaret L. Taylor	School Medical Officer	31.3.55
Mr. G. J. Ellis	Principal School Dental Officer	30.11.55

Appointments

Name	Post Held	Date
Dr. A. Gatherer	Deputy Principal School Medical Officer	27.7.55
Dr. A. Manning	School Medical Officer	14.3.55
Dr. M. Lewis	School Medical Officer	1.11.55

For several months the service worked on a depleted medical staff, which explains the reduction in the number of medical inspection sessions during the year.

The Principal School Dental Officer became ill during the summer, and for the remainder of the year only one Dental Officer was employed.

The Position in regard to Health Visitor/School Nurses remains most satisfactory, with a full number working throughout the year. This has resulted in a widening of the scope of the school nurses and more home visits for school problems have been done.

LIAISON WITH HOSPITALS AND GENERAL PRACTITIONERS

The liaison between the School Health Service and the hospitals continued to be good. The waiting lists for treatment at hospitals have been reduced.

Co-operation with the general practitioners of the town has continued most satisfactorily. More and more of the minor ailments are being treated by the general practitioners and the hospitals, and this tendency has been encouraged by the School Medical Officers; referring all but the most trivial cases to the family doctor. It was agreed that in a few cases treatment ordered by the general practitioner could be carried out at the School Clinic by the Clinic Nurse, thereby helping to reduce the pressure on the family doctor.

MEDICAL INSPECTION

In 1954 the Authority approved a changed routine of medical inspection, to be introduced over a period of three years. Routine medical inspections will be done four times in a child's school life; in the first year in each of the Infants', Junior and Secondary Departments and on school leavers. The main emphasis will be on the entrants and 8 year old groups, at which times the number of children examined per session will be lowered to enable the examining School Medical Officer to devote more time to each child. The routine hearing test on each child will now be done on the 8 year old group, and the general aim will be to ensure that by the time the child reaches the important 8-11 year old stage there will be no medical disability undetected which might be detrimental to his educational progress and general health.

The first step in this changed routine was taken during the year by the examination of the 7-8 year old group. One advantage of this change which was at once noticeable was the increase in the number of mothers who attended the medical inspections, thereby increasing the value of the examination.

The school medical inspection sessions have run smoothly during the year, and close liaison has been maintained with the head teachers. The limited facilities of some schools are usually compensated by careful planning by the head teachers and school nurses, and in every case the best possible facilities are made available.

Comparative figures of the total number of periodic inspections for the last four years are given below:

1955—3,156	1954—3,872	1953—3,868	1952—4,103
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The Statistics recorded in the Appendix show that there were no unusual defects arising and no unusual incidence of special defects.

SPECIAL EXAMINATIONS

Any school child can be referred by teachers, school nurses, parents, education welfare officers and others to the School Clinic for advice on any matter. By widening the scope of this referral system, especially by the teachers and school nurses, the gaps between the routine medical inspections can be covered. At the school clinic also are seen those cases with suspected defects picked out at school medical inspection, and in the more satisfactory examination room at Cairo Street Clinic these defects can be confirmed and assessed more accurately than is possible in school.

The number of special examinations during 1955 was 2,336 as compared with 2,746 during 1954.

EMPLOYMENT OF SCHOOLCHILDREN

All children who register for employment out of school hours are medically examined to ensure that any employment undertaken will not be detrimental to health. The figures given above for special examinations include medical inspections in connection with employment.

The number of certificates granted during the year was 211, the majority of the cases being boys employed in newspaper delivery. Only three boys were certified as unfit for employment.

SCHOOL CLINIC

The following table shows the number of cases seen and treated at the school clinic, with comparative figures for the preceding three years:

	No. of Children Attending	
	Inspection Clinic	Treatment Clinic
1955	253	269
1954	435	448
1953	559	577
1952	544	575

An analysis of the cases seen at the inspection clinic compared with the previous year is reproduced below:

					1955	1954
Ringworm—Scalp	...	...	...	...	1	—
Scabies	...	...	...	...	5	10
Impetigo	...	...	...	...	23	65
Other Skin Diseases	...	...	...	...	65	97
Eye Diseases	...	...	...	...	25	41
Ear Defects	...	...	...	...	31	56
Miscellaneous Ailments	...	...	...	...	101	139
Nasal Catarrh	...	...	...	...	2	27
Totals	...	...	...	...	253	435

MINOR AILMENTS CLINIC

The marked fall in attendance at the Minor Ailments Clinic accentuates the trend of recent years. The 1955 attendance equals only 46.6% of the 1952 number. To some extent this may be due to the continued decrease in such ailments as skin conditions, which for several years have been a common cause of referral. But the main factor is that since the National Health Service Act was instituted in 1948 the school children are more and more attending the family doctor for treatment.

School children are seen at the Clinic by the Medical Officer, and treatment is carried out by the school nurses. If more elaborate treatment is required the children are referred either to their own doctor or to the hospital for specialist treatment.

TREATMENT OF DEFECTS FOUND DURING MEDICAL INSPECTIONS

The manner in which cases requiring treatment, found at periodic medical inspection and at the School Clinic were dealt with, will be found in the following pages under the heading of the appropriate defect.

DEFECTS OF VISION

Table IV, Group II, in the Appendix shows that 839 children received treatment during the year. Of these 768 were dealt with at the Ophthalmic clinic at the Warrington General Hospital, 28 at the Minor Ailments Clinic, and 53 at the Warrington Infirmary.

The continued operation of two clinics at the Warrington General Hospital has resulted in the removal of any time lag between referral of a case and its being seen at the Vision Clinic. At the end of the year, therefore, there was no waiting list of cases.

768 cases were seen at these Ophthalmic Clinic Sessions, as compared with 904 seen in 1954.

There is no serious time lag between the eye examination and the provision of spectacles.

ORTHOPTIC CLINIC

The orthoptic clinic is conducted at the Warrington General Hospital under the supervision of the consultant ophthalmologist.

The numbers of attendances at the clinic during 1955 were as follows:

Schoolchildren	...	...	...	...	...	2225
Pre-school children	...	...	...	...	...	509
Children from other authorities:						
Lancashire C.C.	...	...	...	...	...	201
Cheshire C.C.	...	...	...	...	...	236
						<hr/>
Total attendances	...	...	...	...	...	3171
						<hr/>

SQUINT OPERATIONS

Facilities for operative treatment of squint were available again throughout the year at Warrington General Hospital to which the majority of cases are referred. A few cases are dealt with at the Manchester Royal Eye Hospital. Details are given below:

Warrington General Hospital:

No. of operations performed during year	...	34
No. of cases on waiting list at end of year	...	5

Manchester Royal Eye Hospital

No. of operations performed during year	...	2
No. of cases on waiting list at end of year	...	nil

It is interesting to note that at the end of 1953 before facilities were made available at Warrington General Hospital, the number of cases on the waiting list was 164, thus showing a most satisfying improvement in this aspect of the Service.

EAR, NOSE AND THROAT DEFECTS

The number of cases referred for treatment of defects of the ear, nose and throat will be found in Table II.

Children who do not readily respond to treatment and all those who require operative treatment are referred to the ear, nose and throat consultant, Mr. W. E. Hunter.

EAR, NOSE AND THROAT CLINIC

Details of the work of the ear, nose and throat clinic during the year are given below:

Received Operative Treatment:—

(a) For diseases of the ear	...	...	...	4
(b) For adenoids and chronic tonsillitis	...	...	...	118
(c) For other nose and throat conditions	...	...	...	5
Received other forms of treatment	...	...	...	35
No treatment required	...	...	...	103
Refused treatment	...	...	...	47
Left school or district before treatment was completed	...	...	...	6
Total cases referred	...	...	...	318

The total number of attendances at the inspection clinic during the year was 630 and there were 468 attendances for treatment.

Particulars of treatment given at the Warrington Infirmary to school-children during the year were also made available to us. Details are given below:

Received Operative Treatment:

(a) For diseases of the ear	...	...	...	2
(b) For adenoids and chronic tonsillitis	...	...	...	64
(c) For other nose and throat conditions	...	...	...	1
Received other forms of treatment	61
Total	128

Operations at clinic:

Antral lavage	89
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AUDIOMETRY

The Authority has now obtained a "Pure-Tone" Audiometer, and this was put into use towards the end of the year. The children are tested by the "Pure-Tone" sweep test method, and are required to tap with a hammer every time a sound is heard; as can be imagined, the little wooden hammer has proved popular! The advantages of this type of hearing test over the gramophone audiometer include: (a) high-tone deafness can be more easily detected; (b) the test can be halted if there is a sudden noise and re-commenced without loss of efficiency; (c) the audiometer can be used for an individual audiometric test; and (d) as the child has not to write anything, there can be no possible error from inaccurately written results.

It is intended to test the hearing of every school child during his first year in the Junior School, but any Infant whose hearing is suspect will be tested specially.

The tables below give details of the tests carried out and the disposal of cases where a double failure was recorded, during 1954 and 1955.

Audiometric Tests

						Gramophone Audiometer		"Pure-Tone" Audiometer
Primary Tests						1954	1955	1955
Number of schools visited	...	...	...	...	...	20	12	3
Number of group tests	...	...	...	...	...	85	48	—
Number of children tested	...	...	...	...	...	971	600	245
Number of primary failures	...	...	...	...	...	73	119	40
Secondary Tests								
Number of group tests	...	...	...	...	...	13	11	11
Number of children tested	...	...	...	...	...	99	84	114
Number of double failures	...	...	...	...	...	18	19	30
Disposal of Cases								
Nothing abnormal found after treatment						1	5	
Receiving treatment	...	...	...	...	...	3	13	
Awaiting re-test after treatment	...	...	...	...	...	3	1	
Referred for tonsils and adenoids operation						6	10	
Treatment not beneficial	...	...	...	...	...	2	2	
Refused treatment	...	...	...	...	...	3	2	
Still receiving treatment (from previous years)	...	...	...	...	...	5	6	
Awaiting secondary test	...	...	...	...	...	12	8	

CHILD GUIDANCE

The Child Guidance Clinic remained closed due to the continued vacancy for a Psychiatrist. The very urgent cases have been referred to other Clinics, including the Notre-Dame Guidance Clinic, Liverpool, and the results in these cases have been encouraging despite the travel difficulties.

I am indebted to Mrs. Rivett, the Educational Psychologist, for the following remarks on cases seen by her during the year:

In 1955 there was a shortage of medical time, and the Educational Psychologist was without a clerk for almost three months.

The figures below reflect these events. Fewer new cases were accepted but the number of interviews with parents and the number of past cases that were discussed with Head Teachers increased.

New cases undertaken ...	...	...	...	...	111
Referred by School Medical Officers...	...	...	...	...	8
Referred by Head Teachers ...	...	...	...	...	91
Referred from other sources ...	...	...	...	...	12
By Chief Education Officer ...	...	...	...	...	4
By Children's Officer ...	...	...	...	...	1
By Probation Officers ...	...	...	...	...	2
Parent's approach ...	...	...	...	...	5
Additional tests ...	...	...	...	...	18
Retests ...	...	...	...	...	16
Total number of tests administered ...	...	...	...	...	145
Return visits of old cases ...	...	...	...	...	61
No. of visits paid to schools ...	...	...	...	...	142
No. of cases discussed with Head Teachers...	...	...	...	...	387

In connection with tasks undertaken memoranda were prepared for principal officers on group testing in Junior Schools, maladjustment and fluctuations in intelligence measurements.

Contact with schools was well maintained, and for reference purposes each Head Teacher received information on existing group tests of intelligence and attainments, on the normal social development of children, and on the recording of interests of backward children. This appears to have been appreciated and should consolidate future work and relationships. The Psychologist also gave a talk to teachers in a Modern School on the interpretation of intelligence tests.

Consideration was paid to former cases, and an inquiry, by means of a simple questionnaire to Head Teachers with regard to the behaviour and progress of children in school who had been earlier interviewed, was carried out in June with the co-operation of the Education Welfare Officers. The criteria were teachers' estimates and so mainly subjective ones but the idea behind was the common one of the need for further assistance from the service. Among the 274 returns received, improvement was reported in 153 cases. In 113 cases the child's condition was stated to be much the same or else there was nothing to report. Deterioration was said to have occurred in 8 instances. Difficulties still present in the group were:

Failure in basic subjects ...	...	...	...	...	120
Behaviour problems ...	...	...	...	...	35
Personality disturbance ...	...	...	...	...	43

Children may spontaneously improve or their circumstances change, but as a result of this inquiry some cases were re-examined and a parent re-interviewed or other appropriate action was taken.

I.Q range of Children Tested on Terman-Merrill Scale (Total 112)

I.Q. Range	Below 55	56-70	71-85	86-95	96-105	106-115	116-125	Total
Boys	3	14	28	18	6	4	1	74
Girls	3	8	20	3	3	1	—	38

Although their problems may be as serious, fewer girls have been referred either because more boys appear to fail in the basic subjects, or because the boys' misbehaviour in school-time is a more open nuisance.

In 1954 the Psychologist visited all Infant Schools urging early referrals since at least two measurements are desirable before arriving at a decision. Learning difficulties often declare themselves at infant level and a mental age as low as three years upon entry is not uncommon. A little child who is dull needs a close relationship with his teacher as well as supervision. Any testing undertaken after a period of attendance has the positive aim of uncovering potentiality so as to find the teachable moment in a particular child.

The pattern of the age-range of children interviewed shows the result of these visits and those paid to Junior Schools in 1955, but still more children should be referred from the latter, because in these departments formal education is going forward and teachers should seek assistance in the interests of child, parent and colleagues. As the service has become known large numbers of adolescent non-readers with disturbed personalities have been sent to us, principally after their entry to the Modern School. Some have been indulged or neglected at home and these prove to be escapist and resentful of correction, or passive, bored and despairing. The procedure of promotion by age now permits a young person, although barely literate, to leave in a fourth form. It conceals from parents the increasing difficulty of recommencing instruction in the earliest stages of reading after the age of eight. A direct approach on the part of some schools would diminish the resentment of many parents who do not show concern for their children until they are sent for.

Age range of children interviewed (Total 141)

Ages	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
Year of Birth	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940
Numbers	3	21	23	19	15	9	10	18	20	1	2

FUTURE TRENDS

This coming year the Day Special School will begin to supply appropriate teaching conditions for some educationally subnormal children, leaving a large number who stand in need of education in special classes. There is no local arrangement for maladjusted children, nor for retarded children of ordinary intelligence who are not matching attainment with capacity. Since backward children repeatedly withdrawn from their own class experience a certain shame, a worthwhile experiment would be a transition class between Infant and Junior Schools for those slow to read. To offer help at this crucial stage is better than any later help.

Deeper knowledge of human beings is overcoming prejudices, but some people still need to adopt more positive attitudes of social responsibility and to face the fact that every adult to-day accepting mental treatment was once a child at school. Much of the potential in children is far from being realised under post-war teaching conditions, yet tribute is here paid to those teachers in our area who encourage dull or difficult children to become punctual, industrious and polite, and who do not hesitate to refer those failing or upset. A child before being referred is actually psychologically segregated. The School Medical Officers and the Psychologist try, by respecting the unit of the family, and by basing their recommendations on patient and individual consideration, to reassure parents and guide children's activities into normal, socially-useful channels. Generally speaking a child has to make a good adjustment to his family and to school before he can make a good adjustment to society. The first step with unadjusted children is to provide them with an environment where they are understood, accepted, and appreciated, so that health, in its fullest sense, assists all forms of learning.

SPEECH THERAPY CLINIC

During the year there was a steady flow of cases through the Clinic. Response to appointments was good and those cases in need of treatment have attended regularly.

Mothers of children in the Longford district found it extremely difficult to attend the Speech Therapy Clinic regularly on account of the distance involved and because of having younger children to care for, and in September therefore, arrangements were made for the holding of one Speech Therapy Session per week in the Medical Inspection Room at Long Lane School. This removed the difficulty and children from that locality in need of treatment are now benefiting from regular attendance.

The tables below give details of the cases seen and of their disposal

1. *Cases Referred*

No. of cases being treated on 1.1.55	No. on waiting list on 1.1.55	No. of new cases referred during year	Total No. of cases dealt with during year
60	3	104	147

2. *Disposal of cases*

No. of cases discharged on account of:				
Speech normal	Non-attendance	Unsuitable for treatment	Refused treatment	Left district
37	9	5	1	4

No. on waiting list on 31.12.55	...	...	...	Nil
No. of cases under observation on 31.12.55	...	...	...	10
No. of cases still being treated on 31.12.55	...	...	...	64

TREATMENT IN THE SCHOOLS

The number of children excluded during the year by the medical officers and nurses on their visits to the schools was 105 (see details below).

				Boys	Girls	Total
Uncleanliness	...	...	...	10	95	105

Children are encouraged to attend at the School Clinic for dressings where they can be given more satisfactorily.

Details of the work of the school nurses in connection with cleanliness inspections in schools are given on page 39 in Table III.

OTHER SPECIALIST TREATMENT PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT

PAEDIATRIC CLINIC

The paediatric consultant service conducted at the Warrington General Hospital by Dr. H. Angelman, is used by the School Medical Officers.

ORTHOPAEDIC CLINIC

The following tables give details of the work performed at the Clinic during the years 1954 and 1955:

	1955	1954
No of new cases examined	37	35
No. of cases treated	122	134
No. of cases in which operations have been performed	8	14
No. of cases who have attended for remedial treatment	41	40
No. of attendances made for treatment ...	280	241

The number of cases discharged from the clinic during the year was 37.

The following is a summary of the reasons for discharge of cases seen during the year:

No further treatment required	21
Left school—over age	2
Discharged for non-attendance	13
Left district	1
Total	<u>37</u>

The following were the principal types of cases treated during 1954 and 1955.

	1955	1954
Flat Foot	28	27
Postural defects	7	5
Knock Knee	13	20
Club Foot	2	5
Defective Gait	2	4
Muscular paralysis	17	20
Referred for ultra-violet light treatment (sunlight)	1	—
Foot abnormalities	31	29
Injuries, etc.	2	14
Miscellaneous defects	19	10

SPECIAL INVESTIGATION

Absence from school due to illness

During the year, the Deputy Principal School Medical Officer made an investigation into the causes of absence from school through illness.

METHOD

For the whole of the Spring Term, 1955, the Education Welfare Officers of the Local Education Authority submitted details of all children who were absent from school for a period of at least one week due to illness. The schools covered included all Infant, Junior and Secondary Modern Schools in the Borough. The cause of absence in more than half the cases was derived from the medical certificates given by the general practitioner; in the other cases the cause was given by the parents, usually after the family doctor had seen the child. In some cases, the doctor was not called in and the cause was not elicited. Each absence from school for that period which was due to ill health was reported, along with the number of weeks off school for each illness.

RESULTS

(a) Absences from school due to illness

The total number of schoolchildren who were off school due to sickness for at least one week is shown in Table I Col. 2.

From this it can be seen that the Junior schools had the least number of absences and the Infant schools the highest. On the average, one child in five was off sick at least once during that term.

Table I also shows the number of children who were off school more than once in the term and again the Infant Schools show the highest incidence.

TABLE I

Department	Number on Register (1)	Number sick (2)	Percentage sick (2) of (1) (3)	Number sick twice in term (4)	Number sick more than twice (5)	Number of weeks of absence (6)	Totals of illnesses (7)	Average duration of illnesses (weeks) (8)
Seniors ...	3367	636	18.89	96	16	1249	748	1.67
Juniors ...	5344	927	17.35	116	15	1647	1073	1.53
Infants ...	3623	1140	31.47	208	34	2593	1413	1.83
Totals ...	12334	2703	21.91	420	65	5489	3234	1.69

The differences in the absentee rates between schools in each department is of interest. In the Infant departments, the main factor giving rise to difference between schools was the incidence of infectious disease; the three schools with the highest number off sick had in each case a mild epidemic of measles. In the Junior Departments, the variation between different schools was marked and there was no undue incidence of specific illness to explain it. On the whole, the older schools (which under the Education Authority's "zoning" scheme draw children from older areas of the town) tend to have a higher number of children absent due to sickness (Table II).

TABLE II

	Schools built pre-1900	Schools built after 1900
Number on register	2639	2705
Number off sick during Spring Term ...	513	414
Percentage of number off sick to number on register	19.5	15.2

It may be that despite the improvement in social conditions and general health the older housing areas give rise to a higher incidence of sickness in addition to any effect produced by older school buildings.

In the Secondary Modern schools, there were again decided differences between schools, but not so marked. More interesting was the tendency for the number of absences to rise towards the last year at school and also the increased number of absences in the C and D "streams." This is very well illustrated in the case of one of the Senior Secondary Modern Schools (Girls).

NUMBER OF ABSENCES DUE TO ILLNESS

Class	Number of absences			
	A stream	B stream	C stream	D stream
I (12 yr. old)	2	8	10	5
II (13 yr. old)	8	8	12	17
III (14, 15 yr. old) ...	9	6	6	21
Totals	19	22	28	53

This tendency was not so pronounced in some of the Senior Schools, but overall comparison was prevented by different "streaming" arrangements in different schools.

(b) *Illness causes of absence from school*

The illnesses causing absence from school were divided into ten major groups, as in Table III. In most cases, the diagnosis was that of the family doctor, and in about 60 per cent of the absences a doctor's certificate was available.

TABLE III

Department	(1) Acute Upper Respira- tory infection	(2) Infect. disease	(3) Ear	(4) Throat	(5) Bron- chitis	(6) Skin	(7) Diges- tive	(8) Acci- dents	(9) Un- known	(10) Others
Senior Schools ...	349	8	21	117	38	43	33	35	42	62
Junior Schools ...	465	44	31	158	88	72	66	31	43	75
Infant Schools ...	511	230	59	188	149	68	70	30	44	64
Totals ...	1325	282	111	463	275	183	169	96	129	201

ACUTE UPPER RESPIRATORY INFECTION

This category was taken to include all such illnesses as common colds, influenza, nasal catarrh, etc. No attempt was made to sub-divide this group owing to the variability of diagnostic criteria and the vague dividing line between some of these illnesses. This group was by far the largest and was responsible for 41 per cent of the absences (see Table IV). The largest incidence of this type of illness was in the Senior Secondary Modern Schools (47.2 per cent of all illness in that group, compared with 43.3 per cent in Junior Schools, and 36.1 per cent in Infant schools).

TABLE IV
INCIDENCE OF ILLNESSES CAUSING ABSENCE FROM SCHOOL

							Percentage of absences
Acute Respiratory infection	...	...	...	...	...	...	41.0
Throat...	...	...	...	...	...	...	14.4
Infectious Disease	...	...	...	...	...	...	8.5
Bronchitis	...	...	...	...	...	...	8.3
Skin	...	...	...	...	...	...	5.6
Digestive	...	...	...	...	...	...	5.2
Ear	...	...	...	...	...	...	3.4
Accidents	...	...	...	...	...	...	3.1
Unknown	...	...	...	...	...	...	4.0
Others	...	...	...	...	...	...	6.3
Total	...	...	...	...	...	...	100.0

INFECTIOUS DISEASE

In the term under consideration, the most common infectious disease was measles. The main incidence was as expected in the Infant Schools, where it caused 16.5 per cent of the absences, compared with 4.1 per cent. in the Juniors and only 1.08 per cent in the Senior schools.

ACCIDENTS

These were more common in the older pupils, causing 4.7 per cent absences in Senior Schools, compared with 2.8 per cent and 2.1 per cent in the Juniors and Infants.

UNKNOWN

This group comprises all those cases of absence from school where no doctor's note was given and no reason apart from "ill" was given. 5.7 per cent of absences in Senior Schools were in this group, with 4.0 per cent in Juniors and 3.1 per cent in Infants.

"OTHER" ILLNESSES

In this group were included all the illnesses which could not be satisfactorily placed in the other groups. The main types of illness in this group were:—

Eye conditions (including 7 squint operations)	...	21
Teeth	...	20
Debility	...	19
Asthma	...	18
Rheumatism	...	12
Appendicitis	...	11
Jaundice	...	6
Pleurisy	...	6
Pneumonia	...	5

Other conditions found less frequently were: Fibrositis 4, Kidney trouble 3, Orthopaedic conditions 5, Anaemia 3, Epilepsy 3, Hernia 2, Rheumatic Fever 2.

The morbidity figures of under-fifteens as reflected in the numbers consulting their family doctor should bear a strong relationship to the results of this investigation, and a comparison of the results as shown in the Report of the Ministry of Health, 1954, Part II, with the frequency of the groups of illnesses in the Borough follows:

Leading causes at under-15 ages to consult General Practitioners	Frequency of causes of illness in present investigation
1. Acute Upper Respiratory Infection**	1. Acute Upper Respiratory Infections, and throat conditions
2. Infectious diseases "Other"	2. Infectious diseases.
3. Symptoms	3. Bronchitis
4. Skin diseases	4. Skin disease
5. Bronchitis	5. Digestive system.
(** includes throat infections)	

The higher position of bronchitis in the Borough is of interest as it is known that this area has a higher adult incidence of bronchitis than in comparable areas. Whatever factors cause this have influence from a young age.

This investigation clearly demonstrated the value of co-operation between the School Health Service and the Education Welfare and School Attendance Departments. In this, as in most areas, the interchange of information between hospitals, general practitioners and school doctors is not as great as might be desired, and until a better system is evolved, such a procedure as described above can keep the School Health Service aware of the possibly chronic ailments such as bronchitis which are becoming of increasing importance in morbidity. Although the more dramatic conditions such as haemophilia are quickly known by the School Health Service, a course of information about the other conditions will enable the school doctors to form a general picture of the health of the school children in the area.

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1955, together with the numbers ascertained during the year.

Classification	No. Ascertained during year	Total Ascertained at 31.12.55
Partially-sighted	—	7
Deaf	—	3
Partially-deaf	3	10
Delicate	—	2
Physically-handicapped ...	—	8
Educationally sub-normal...	31	114
*Maladjusted	—	1
Totals	34	145

*This case came on the register consequent upon removal of the child's parents to the Warrington Area.

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending special school as		Receiving education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially-sighted...	6	1	—	—	7
Deaf	—	3	—	—	3
Partially-deaf	—	9	—	—	9
Delicate	—	—	1	1	2
Physically- handicapped	—	—	1	6	7
Educationally sub-normal	—	12	—	1	13
Maladjusted	—	1	—	—	1
Totals	6	26	2	8	42

The following handicapped pupils requiring special educational provision are still unplaced:

Partially Deaf	...	...	...	...	...	1
Physically-handicapped	...	...	...	...	...	1
Educationally sub-normal	...	...	...	...	...	101

During the year negotiations were commenced to set up a Special Day School for Educationally Sub-normal pupils at Padgate. It is anticipated that this will open in September, 1956, and will offer considerable educational and psychological advantages to this group of children. This type of school has been a long-felt need, and its establishment will ensure that each child in this group receives education fitted to its needs.

EDUCATIONALLY SUB-NORMAL

There are 114 pupils ascertained as educationally sub-normal of whom 12 are in special residential schools. The needs of the majority of the others will be met in the day special school when such accommodation is available.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year, 46 children were tested, with the following results:

Suitable for special (day) schools	...	...	...	27
Suitable for special (residential) schools	...	...	...	4
Suitable for education within ordinary school system with modified treatment	...	...	...	1
Reported to the Local Health Authority:—				
Under Section 57 (3) Education Act, 1944	...	...	...	8
Under Section 57 (5) Education Act, 1944	...	...	...	2
No action taken—to be retested later	...	...	...	4
Total				46

There are at present 114 children in this category, 101 of whom are awaiting special educational treatment, and this number will grow still further.

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1955, there were 10 handicapped pupils on the home teacher's register. Of these 7 were physically handicapped (1 being a hospital case), 2 were delicate (1 being a hospital case) and 1 educationally sub-normal.

WORK OF THE SCHOOL NURSES

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation against diphtheria, where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 46 cases, and in 7 cases it was necessary to issue a Cleansing Order for the compulsory cleansing of the children at the cleansing station. No prosecutions were ordered in the year under review.

Some brief details of the work carried out by the school nurses are given below:

	1955	1954
Visits to Homes of children (in many cases assisting with treatment)	308	281
Attendance at medical inspections in schools ...	165	238
Visits to schools for cleanliness inspections and re-inspections	849	878
Number of cases of uncleanness treated at the school clinic	144	147
Number of attendances of uncleanness cases at the school clinic	487	522

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

As will be seen from the comparative statement given below the number of cases of notifiable infectious disease occurring among schoolchildren during the year there was no major outbreak of infectious disease.

There is still a considerable annual incidence of measles in the school population, especially in the younger groups.

							1955	1954
Tuberculosis (respiratory)	...	...	...	...	...	...	5	5
Tuberculosis (non-respiratory)	...	...	...	...	...	...	2	5
Scarlet Fever	...	...	...	...	...	...	27	59
Whooping Cough	...	...	...	...	...	...	32	8
Measles	...	...	...	...	...	...	334	148
Pneumonia	...	...	...	...	...	...	8	7
Poliomyelitis	...	...	...	...	...	...	2	—
Meningococcal infection	...	...	...	...	...	...	1	1
Dysentery	...	...	...	...	...	...	4	—
Totals	...	...	...	...	...	...	415	233

IMMUNISATION AGAINST DIPHTHERIA

The immunisation campaign was maintained throughout the year on a routine basis.

The number of children immunised during the year, at school and at the clinic, was as follows:

Primary Courses	...	...	...	...	...	399
Secondary (Reinforcement) injection	...	...	...	...	...	711
Total	...	...	...	...	...	1110

The number given reinforcement injections shows a considerable reduction on the previous year.

For the seventh year in succession no case of diphtheria has occurred amongst schoolchildren in Warrington.

ANCILLIARY SERVICES

NURSERY CLASSES

Children attending the nursery classes attached to the infants' schools are examined every year. Details of the examinations will be found under the heading "other periodic inspections" in Table I(a) in the Appendix from which it will be seen that 242 children were examined during the year.

These children are also examined by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

The usual facilities for immunisation against diphtheria are available, and the nursery class is useful in enabling the medical officers to immunise those children who for one reason or another, were not immunised in infancy. The response is very satisfactory and for this purpose the class is a valuable adjunct in the general campaign for immunisation.

PROVISION OF MILK AND MEALS

I wish to thank the Chief Education Officer for the following information concerning the supply of milk and meals in schools.

MILK

Administrative arrangements continue on substantially the same lines as before. Children absent from school because of illness may receive their daily ration of milk at home provided satisfactory arrangements are made with the Head Teacher for the collection of the milk by a responsible person.

MEALS

The Education Committee had nine school kitchens supplying meals to schools throughout the year. Midday meals are served in all the schools. The charges throughout the year continued at the rate of 6d. per day for children attending Nursery Classes and Special Schools, and at the rate of 9d. per day for other children. Free meals, and meals for less than the full charge, are supplied to children of parents whose income is within the Committee's scale. The following table shows the average number of meals supplied per day during the year, 1955:

Average No. of Pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
13,924	485	4,415	4,900	35.19

PHYSICAL EDUCATION

I am indebted to the Chief Education Officer for the following information.

Progress in Physical Education has been well maintained throughout the year and interest in modern methods has increased. Advancement has been most noticeable in some Primary Schools with indoor facilities where provision of climbing and heaving equipment has revolutionised schemes of work and increased the enjoyment of the subject by pupils. In Secondary Schools the existing equipment has been augmented wherever possible and teachers have been encouraged to cover a wide range of physical activities, particularly with older pupils. The Authority's scheme for the provision of equipment is working well and, wherever possible, indoor apparatus has been provided.

The Warrington Teachers' Sports Association has organised during the year its usual full programme of inter-school competitions in all games. The progress of Rugby League Football in Primary Schools has been of particular interest. The Association is still handicapped by the shortage of suitable playing fields but the Authority is well aware of this and is taking all possible steps to improve the present position.

The Schools' Swimming Scheme has maintained its popularity during both winter and summer months, Primary and Secondary schools taking part, and filling completely the time available at the Public Baths. Examinations of the Royal Life Saving Society and Liverpool Shipwreck and Humane Society have again shown very good results.

The extensive programme of evening classes for physical activities provided at the Borough Gymnasium and other centres has been well attended by students of all ages. The use of the Borough Gymnasium for special events, such as Boxing Tournaments, Gymnastic Competitions and Table Tennis has been much appreciated by national as well as local organisations.

The Authority's provision for such a wide range of activities for all age groups in schools and centres of all kinds is most satisfactory and must contribute greatly to the development of Physical Education in Warrington and District.

SCHOOL DENTAL SERVICE

Owing to the resignation of the Principal School Dental Officer, Mr. Ellis, and his successor not having taken up office, no report by the Principal School Dental Officer is possible.

During the year there was considerable difficulty in maintaining a service due to the illness of the Principal School Dental Officer prior to his resignation. For most of the year only one dental officer was actually working and she dealt with urgent problems mainly, together with routine dental inspection.

Reorganisation of the service was discussed with the recently appointed Principal Officer at the close of the year, and it is considered that it will be possible to provide a much improved service in the coming year. Accommodation difficulties will remain until the proposed new clinic is built, and until that time it will be impossible to employ more than two dental officers even though the service urgently needs more.

DENTAL INSPECTION AND TREATMENT

A. DENTAL INSPECTION

Number of pupils inspected by the Authority's Dental Officers:

(a) Periodic Age Groups	...	...	...	...	12498
Total	...	...	...	...	12498
(b) Special Inspections	...	...	...	...	1803
Total (Periodic and Special)	...	...	...	...	14301

B. DENTAL TREATMENT

Number found to require treatment	...	...	...	...	10945
Number offered treatment	...	...	...	...	9873
Number actually treated	...	...	...	...	3023
Attendances made by pupils for treatment	...	...	...	...	5420
Half-days devoted to (a) inspection	...	...	...	...	89
(b) treatment	...	...	...	...	543
Total (a) and (b)	...	...	...	...	632
Fillings—permanent teeth	...	...	...	...	2141
temporary teeth	...	...	...	...	—
Total	...	...	...	...	2141
Number of teeth filled—permanent teeth	...	...	...	...	1291
temporary teeth	...	...	...	...	—
Total	...	...	...	...	1291
Extractions—permanent teeth	...	...	...	...	485
temporary teeth...	...	...	...	...	1715
Total	...	...	...	...	2200
Administration of general anaesthetics for extraction	...	...	...	...	1448
Other operations (a) permanent teeth	...	...	...	...	554
(b) temporary teeth	...	...	...	...	5
Total (a) and (b)	...	...	...	...	559

MINISTRY OF EDUCATION

Medical Inspection Returns
Year ended 31st December, 1955

Table I

Medical Inspection of Pupils Attending Maintained Primary
and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups						
Entrants	...	...	...	...	...	1374
Second Age Group, Age 8	...	...	...	...	...	123
Second Age Group, Age 11	...	...	...	...	...	232
Third Age Group, Age 15	...	...	...	...	...	1015
Total (Prescribed Groups):						2744
Other Periodic Inspections:						
Nursery Classes	...	...	...	...	...	242
High School for Girls	...	...	...	...	...	47
Boteler Grammar School	...	...	...	...	...	115
Partially-sighted class	...	...	...	...	...	8
GRAND TOTAL						3156

B. OTHER INSPECTIONS

Number of Special Inspections	...	...	...	1830
Number of Re-Inspections	...	...	...	506
Total	...	...	...	2336

C. PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin)

NOTES:

- (1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil is recorded more than once in any column of this Table and therefore the total in column (4) is not necessarily the same as the sum of columns (2) and (3)

Group	For defective vision(excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	—	36	36
Second Age Group, Age 8	12	1	13
Second Age Group, Age 11	9	2	11
Third Age Group, Age 15	63	11	74
Total (Prescribed Groups)	84	50	134
Other Periodic Inspections	—	8	8
GRAND TOTALS	84	58	142

Table II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1955

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment has begun before the date of the inspection.

De- fect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
4	Skin	3	1	224	—
5	Eyes (a) Vision ...	84	48	178	—
	(b) Squint ...	9	21	21	—
	(c) Other ...	—	—	30	—
6	Ears (a) Hearing ...	5	5	9	—
	(b) Otitis Media ...	2	6	16	—
	(c) Other ...	1	4	30	—
7	Nose or Throat ...	13	243	123	—
8	Speech	14	8	6	—
9	Cervical Glands ...	—	11	—	—
10	Heart and Circulation	1	19	1	—
11	Lungs	—	29	5	—
12	Developmental:				
	(a) Hernia ...	1	2	—	—
	(b) Other... ...	1	5	3	—
13	Orthopaedic:				
	(a) Posture ...	—	4	2	—
	(b) Flat Foot ...	3	9	4	—
	(c) Other... ...	4	16	12	—
14	Nervous System:				
	(a) Epilepsy ...	—	2	—	—
	(b) Other... ...	—	—	—	—
15	Psychological:				
	(a) Development	1	—	—	—
	(b) Stability ...	—	1	—	—
16	Other... ..	—	2	5	—

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THEIR AGE GROUPS

Age Groups (1)	No. of pupils in-spected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	1374	345	25.11	995	72.42	34	2.47
Second Age Group ...	355	125	35.21	214	60.28	16	4.51
Third Age Group ...	1015	227	22.37	750	73.89	38	3.74
Other Periodic Inspections ...	412	98	23.79	297	72.09	17	4.12
Totals	3156	795	25.19	2256	71.48	105	3.33

Table III
INFESTATION WITH VERMIN

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorised persons ...	36680
(ii) Total number of individual pupils found to be infested	1155
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	46
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	7

Table IV
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

NOTES:

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP I—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm: (i) Scalp	—	—
(ii) Body	2	—
Scabies	8	—
Impetigo	37	—
Other skin diseases	64	66
Totals	111	66

GROUP II—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other excluding errors of refraction and squint	28	1
Errors of refraction (including squint) ...	*—	810
Totals	28	811
Number of pupils for whom spectacles were:		
(a) Prescribed... ..	—	340
(b) Obtained	—	77

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP III—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment:		
(a) for diseases of the ear	—	6
(b) for adenoids and chronic tonsillitis ...	—	182
(c) for other nose and throat conditions ...	—	5
Received other forms of treatment	120	61
Totals	120	254

GROUP IV—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospital	31	
	by the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	—	271

GROUP V—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated at Child Guidance Clinic	—	11

GROUP VI—SPEECH THERAPY

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated by Speech Therapist	147	—

GROUP VII—OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	101	29
(b) Other: 1. General Medical	—	55
2. General Surgical	—	84

Table V

HEIGHT

	No. Examined 1955	Age	1952 ft. ins.	1953 ft. ins.	1954 ft. ins.	1955 ft. ins.
BOYS						
Entrants ...	5	4	3 3½	3 2	3 2½	3 4½
	209	5	3 7	3 6	3 5½	3 6
	437	6	3 7½	3 7½	3 7	3 7¼
	79	7	3 9½	3 9½	3 10	3 9½
Second age Group	71	8	—	—	—	4 0
Second age Group	119	10	4 6	4 5½	4 6	4 6½
Third age Group	534	14	5 2	5 1	5 1½	5 2½
Other Periodic	3	3	3 1	3 1½	3 1	3 0½
Inspections:	73	4	3 3	3 3	3 2½	3 3½
(Nursery Classes)	46	5	3 4½	3 5	3 4½	3 4½
GIRLS						
Entrants ...	5	4	3 2	3 4½	3 1½	3 1½
	186	5	3 6	3 5½	3 5½	3 5
	371	6	3 7	3 7	3 7	3 7
	81	7	3 9	3 9	3 9½	3 9½
Second age Group	51	8	—	—	—	3 11½
Second age Group	113	10	4 5	4 5½	4 5½	4 5½
Third Age Group	478	14	5 1	5 0½	5 1	5 1
Other Periodic	5	3	3 3	3 6	3 0½	3 0
Inspections:	70	4	3 2½	3 2	3 2½	3 2
(Nursery Classes)	45	5	3 4½	3 4½	3 4½	3 4½

WEIGHT

	No. Examined 1955	Age	1952 st. lb.	1953 st. lb.	1954 st. lb.	1955 st. lb.
BOYS						
Entrants ...	5	4	2 7½	2 6½	2 7½	2 9½
	209	5	2 13½	2 12½	2 10	2 13
	437	6	3 1½	3 1½	3 0½	3 0½
	79	7	3 6½	3 6	3 7	3 6
Second age Group	71	8	—	—	—	3 10½
Second age Group	119	10	4 13½	4 13½	5 1½	5 3
Third age Group	534	14	7 9	7 6	7 3½	7 11
Other Periodic	3	3	2 5	2 2½	2 4	2 6½
Inspections:	73	4	2 8	2 8	2 7½	2 8½
(Nursery Classes)	46	5	2 10½	2 11	2 10½	2 11
GIRLS						
Entrants ...	5	4	2 6	2 11½	2 8	2 4
	186	5	2 11½	2 11½	2 11	2 10½
	371	6	2 13½	3 0	3 0	2 13½
	81	7	3 3½	3 4	3 5½	3 5
Second age Group	51	8	—	—	—	3 9
Second age Group	113	10	4 13	4 13½	5 0½	5 3½
Third age Group	478	14	7 5½	7 6	7 7	7 7½
Other Periodic	5	3	2 5	2 3½	2 4	2 3
Inspections:	70	4	2 6½	2 6½	2 7	2 6
(Nursery Classes)	45	5	2 10	2 10	2 10	2 9½

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1955

	Boys	Girls
Notified under Section 57(3) of the Education Act, 1944	5	3
Notified under Section 57(5) of the Education Act, 1944	2	—

